## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 31, 2005 8:00 am Secretary of State

DOCUMENT # 759836  1. Entity Name SUNSHINE ATHLETIC ASSOCIATION, INC.								01-33	1-2005	5 90074	038 ****	61.25
C/O GONYO, KENNETH D 1600 S FEDERAL HWY #915 POMPANO BEACH, FL 33062 US		C/O GON 1600 S	Mailing Address C/O GONYO, KENNETH D 1600 S FEDERAL HWY #915 POMPANO BEACH, FL 33062								5000 	
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.					01132005	Chg-NP		CR2E03	7 (10/03)	
City & State		City & State					4. FEI Numbe 59-2550				<del>  </del> -	plied For t Applicable
Zip	Country Zip		p Cou		untry	1try 5. C		of Status De	sired		8.75 Add	
	6. Name and Address of Current F	Registered A	gent				7. Name and	Address of	New Re	gistered A	gent	
LIVOTI AN	NTHONY M JR				Name							
LIVOTI, ANTHONY M., JR 805 E BROWARD BLVD., #200 FT LAUDERDALE, FL 33301				Street Address (P.O. Box Number is Not Acceptable)								
					City					FL	Zip Code	3
8. The above	named entity submits this statement for	the purpose	of changing its	register	ed office or	register	ed agent, or bot	h, in the Stat	te of Flor		miliar with,	and accept
the obligat	ions of registered agent.			•								
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SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicat	ele. (NOTI	E: Registere	ed Agent signatu	re required	when reinstating)			DATE	<u> </u>	
SIGNATURE .	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2005	and title if applicab	9. Election Car Trust Fund (	npaign F	Financing		shen reinstating) \$5.00 May B Added to Fees	е		ike check	payable to	
SIGNATURE	Filing Fee is \$61.25		9. Election Car	npaign F	Financing tion.		\$5.00 May B Added to Fees DDITIONS/CH/		Flori	ike check da Depart	ment of St	ate
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SEGUINO (954) 763-8493 INTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: SIGNATURE AND TYPED OR PR